

Patrick Melese DVM, DACVB

Behavior Service Policies/Fee Schedule:

Welcome to Dr. Melese's Clinical Behavior Service. The following list details some of our office financial and medical policies. Please take a moment to familiarize yourself with them so that we can serve you better. If you have any questions or constraints regarding these or any of our policies or practices, please feel free to discuss them with us PRIOR TO YOUR APPOINTMENT!

- Fees have been explained to me clearly and I realize **that no exact representations are made or implied as to an exact fee total** since **hourly charges apply**, each case is different and behavior products or training aids may be recommended. Due to Covid 19 pandemic conditions, appointments are being offered by telemedicine with socially distanced brief "curbside exam" component as required by law (i.e., initial appointment and every 12 months). To reiterate: New patient appointment fees for 2021 are currently **\$209 per hour with a 2-hr. minimum**; Consultations that must be scheduled outside regular clinic hours with Dr. Melese (M-Th 9:30-5:00), **if available**, are charged **additional hourly rates**. **For Guidelines only-not a quote: Initial patient appointments usually range between 2.5-3.5 hours.** A routine telemedicine **recheck** appointment is currently \$209 (30-50 min.) but, for stabilized cases, can sometimes be shorter (e.g., \$185 if <30min) and 1st rechecks are usually booked 1-2 months after initial appointment. **Recheck appointments are typically critical to the successful resolution of most cases, but how many and how often is very dependent on the problem, the patient(s), and the individual clients. AS OF 2010 ALL FEES ARE BASED ON E-MAIL CORRESPONDENCE AS WE NO LONGER PRINT & MAIL OUT MATERIAL VIA USPS WITHOUT ADDITIONAL FEES FOR THE SPECIAL MATERIAL AND HANDLING (CURRENTLY \$25+ PER VISIT).** Please see website for details but we are also **requiring a non-refundable \$300 scheduling deposit** to reserve the specialist's time for a new-patient spot for you, which will be credited towards your total/final appointment fee.
- Fees may be adjusted without notice but are usually re-evaluated every 6-12 months so the recheck fees may be modestly different than listed above for the following year.

Notes:

- Appropriate family members (especially spouses) and pets should be present as possible/ practical for 1st appointment.
- If pet has ANY relevant medical history &/or labwork done within the past 6-12 mo. or is on medications (have with you), have family vet e-mail or FAX appropriate medical records at least 24 hrs. prior to appointment so we have them @ appt.
- You **MUST send us at least the 1st two (signature) pages of the intake forms & pay scheduling deposit prior to making your appointment for us to offer you a spot** since we often have more demand for new slots than we have availability. Please **return the rest of the forms** so they **arrive** at our office ASAP and no later than 24-48 hrs. prior to your appointment. Please scan/e-mail or FAX to Dr. Patrick Melese DVM, DACVB Veterinary Behavior Consultants at contact info below*. The history form pages that do not require signatures may be e-mailed or faxed.
- We usually use Zoom for the telemedicine appointment unless otherwise requested. Plan to be ready at least 5 minutes early to account for any technical issues. In most cases, you may lose some of your valuable appointment time if you are not ready on time so test/plan ahead to be "ready to roll" at appointment time 😊
- Please have all halters, collars (including any electronic training collars) and other training aids you have (especially head halters e.g., Gentle Leader®) for the pet handy even if you are not using it & medication pet is on or has been on recently.

If you have any questions about fees, please inquire prior to the consultation. Any exceptions to fees above MUST BE IN WRITING!

- **Payment is due at time of appointment**; no billing. You may pay with **Google Pay, Venmo or Zelle but, if you choose to pay by credit or debit card (Visa, M/C or Discover), there will be an additional 4% convenience charge on amount charged to your card.** Payments not honored by bank will also incur an additional \$35 fee and you also agree to pay for any costs associated with collecting the funds to pay for the services and products you have received including an additional \$25 billing fee if your account is not paid in full at appointment & must be billed.
- **Since we schedule out a large portion of the doctor's schedule for your behavior appointment, we request immediate notification of any desire to reschedule or cancel a behavior consultation so that another client can make arrangements to use the appointment time. Please give us AT LEAST 2-3 business days advanced notice of cancellation. If you do not show up for your appointment or cancel with less than 2 business days (M-F) notice, you may be charged up to the full consult fee. Scheduling deposits are non-refundable.**

I, _____ have read the policies put forth above and understand them fully. I agree to adhere to these policies as a client of Dr. Melese's practice and my signature below authorizes any credit card charges I incur with VBC (e.g., phone appointments) or as per policy above (e.g., missed appointments).

Signed: _____ Date: _____

Dr. Patrick Melese DVM, DACVB

LIABILITY WAIVER

Thank you for caring enough to obtain help with your pet's behavior!

As the representing owner, agent or handler for the individuals who will be working with the pet(s) indicated below, I understand that many behavior therapies recommended by the doctor may involve some level of risk to the pet(s) and/or the handlers, or other people or property in spite of our best efforts to minimize them. In **some** cases, medications may be recommended as **part** of the treatment; most are human medications being used "off-label" for pets (i.e., not FDA approved for that use in that species) and it is rare for a medication alone to solve most pet behavior problems. I understand these issues and assume these risks freely and do not hold Dr. Patrick Melese DVM, DACVB, Veterinary Behavior Consultants, Pathway Vet Alliance, Convoy Eye Care for Animals or associated clinicians, agents, employees, or owners/agents for facility used to see cases liable for any injury which may occur to handlers, pet, other people, other animals or property while using their training and medication treatment recommendations. I will use my own judgment and common sense when following the recommendations to not place people, pets and property at undue risk and understand that, ultimately like any pet owner, I am exclusively responsible for my pet's actions.

FURTHERMORE, I REALIZE THAT DR. MELESE, VETERINARY BEHAVIOR CONSULTANTS AND Its AGENTS CANNOT GUARANTEE THAT A PET WILL NOT BE AGGRESSIVE OR CAUSE INJURY TO PEOPLE OR PROPERTY IN THE FUTURE AND THAT THE PET'S OWNER(S) AND HANDLER(S) CONTINUE TO ASSUME ALL LIABILITY FOR ANY FUTURE AGGRESSION.

Owner's Name(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: (H) _____ (W) _____ E-mails: _____

1st Pet's Name: _____ Species (dog/cat): _____ Breed: _____
Pet's Birth Date: _____ Age: _____ Sex: _____ Pet's color/description: _____
Comments: _____

2nd Pet's Name: _____ Species (dog/cat): _____ Breed: _____
Pet's Birth Date: _____ Age: _____ Sex: _____ Pet's color/description: _____
Comments: _____

I certify (sign please) that I have read and agree with above statements:

Owner of Pet(s): _____ DATE: _____

Spouse, Other pet owner/handler(s): _____ DATE: _____

RECHECK APPOINTMENTS ARE STRONGLY RECOMMENDED AND USUALLY CRITICAL TO LONG TERM SUCCESS!

Please e-mail (info@sdvetbehavior.com) with a progress report 2-3 weeks after your initial appointment

Dr. Patrick Melese DVM, DACVB

BEHAVIOR HISTORY

(Note: This information is for practice use only and your private information will not be given out without your permission except as required to communicate with parties such as your referring doctor after the appointments) or as required by law.

Date: _____ Owner: _____

Address (include zip): _____

Type & size of residence (e.g., 2 story 1800 sq ft house) _____

Yard size & fencing (e.g., medium yard- 6 ft solid wood fence) _____

Phone: **Home: _____ **Cell: _____ Work: _____ **e-mails: _____

Family veterinarian: _____ Referred by: _____

Behavior problems can sometime be difficult, frustrating problems to correct. The information you provide is very important for diagnosing and treating your pet's behavior problems. Please fill out this form as completely & accurately as possible ("help us help you"). If questions clearly do not apply (e.g., obedience training for cats) you are welcome to skip the question, but please answer all those possible, even if you feel it may not be relevant! Compose answers to assist the doctor in picturing what is happening (descriptive details). Please be sure to get this and other paperwork (e-mail to info@sdrvvetbehavior.com or FAX) to Dr. Melese ASAP since they are required to offer you a new-patient appointment along with your scheduling deposit. *Take videos of problem behaviors if safe & possible and you feel they are important for doctor to see and they are likely not to be seen during the appointment. Have/send video file, or, better yet, link to video or test out "screen share" to review with doctor. We strongly advise you **have a way to audio-record the appointment (most "smart" phones have this function e.g., "Voice Memo/Voice recorder" app) and be sure you know how to use it!*** Thank you.

GENERAL INFORMATION

Pet's name: _____ Dog: _____ Cat: _____ Other: _____

Age: _____ years Sex: M F Breed: _____ Color: _____ Weight: _____

Neutered / Spayed: [] yes [] no. **At what age?** _____

Where did you obtain this pet? friend, breeder, pet shop, shelter, rescue, other: _____

At what age: _____

For what purpose was this pet obtained? Companionship, protection, breeding, show, other: _____

Time spent indoors: _____ % outdoors: _____ %

Is this pet left alone during the day? _____ How long? _____

In precisely what area of the house or yard is the pet kept:

- a. during the **day**: _____
- b. during the **night** (describe exactly where pet sleeps): _____
- c. when pet is left **alone** (where is pet?): _____
- d. when **guests** visit: _____

Describe the pet's **personality**: _____

Diet: _____ % dry Brand: _____
 _____ % canned Brand: _____
 _____ % table scraps Supplements: _____

When is the pet fed? morning noon night other _____ By whom? _____

How long is food left down for pet? _____ N/A: pet gulps down immediately: _____

Describes the pet's behavior:

- a. just prior to your departure: _____
- b. just after your return: _____

List all **major surgical or medical problems** and approximate **dates**: _____

List all **medication** currently being taken by this pet: _____

List the Names, Ages and Gender (and whether neutered/spayed) of the other pets in the household:

Name	Breed	Age	Age Adopted	Gender	Spayed/ Neutered? (and at what age)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What **toys** does your pet like to play with? _____

What amount of exercise or opportunity to **exercise** is given to your pet? _____

Does he or she **run free** in the neighborhood? _____ How often? _____

Has this pet had any **obedience training**? _ Please describe the **type of training** and the outcome including **age** when started and **with whom**: _____

What will the pet **do on command**? _____

What will the pet do on command when **distractions present**? _____

Does this pet get along with **other animals**? _____ If not, please explain: _____

What are the **names, ages and relationship to owner** (e.g., spouse, son, roommate, etc.) **of the people** that are in the pet's environment ("family members")? What are their **daily schedules**? _____

How does this pet react to strangers? _____

How does this pet likely to **behave at the Veterinary Hospital**? _____

BEHAVIOR PROBLEM INFORMATION

Please describe your pet's behavior problem(s) (prioritize if multiple): _____

What month/year was the main problem first noted? _____

Where and under what circumstances was each problem first noted? _____

Describe the situation(s) in which the main problem is most likely to occur? _____

The main problem occurs (check off answer): always usually rarely never (check below or %)

1. When the pet is left alone at home:
2. In the presence of the family members:
3. During the night when the family sleeps:
4. Family home but not watching pet:

Frequency of occurrence: ___times per day, ___times per week, ___times per month, ___times per year.

Has there been a change in the frequency or appearance of the problem? _____ Please describe:

What has been done so far to **correct** this problem? (e.g.: discipline, confine, obedience training, avoid, etc.)

What was the pet's **response** to the specific intervention(s) above? _____

Were there any **significant changes** in this pet's environment prior to the appearance of this problem (circle if seen and comment as needed)?

- | | |
|----------------------------|-------------------------------------|
| a. moved or redecorated | e. change in family schedule |
| b. boarded | f. new family member/roommate |
| c. visitors (human or pet) | g. diet change |
| d. type of litter changed | h. other (new pet introduced, etc.) |

How did these changes affect your pet? _____
